

I certify that _____

(print or type name of Euthanasia Technician)

is employed by the organization named below and has been in our
employment for _____ years and _____ months.

Name _____

Business _____

Address _____

Work Telephone _____

Date _____

Signature _____

Title _____

Mail completed form to: Bureau of Narcotic Enforcement
433 River Street, Suite 303
Troy, NY 12180
(518) 402-0707